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TO: Examiner A. Caputa	THE FIRM'S FACSIMILE TRANSMITTERS:
PROM: Robin L. Teskin  DATE: 2-12-96	IN ALEXANDRIA: Group 3 (703) 836-2021 Group 3 (703) 836-3503 Group 3 (703) 836-7356
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Examiner Caputa: Pursuant to your telephone of transmitted herewith is a second facsimile transpour earlier today via facsimile. In the earlier faincorrect. This inadvertent typographical error	smission of the Supplemental Amendment sent to csimile, the date on the fax cover sheet was
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Patent Attorney's Docket No. 010091-001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	)
C. Richard SCHLEGEL et al	BOX: FEE AMENDMENT
Application No.: 08/216,506	Group Art Unit: 1812
Filed: March 22, 1994	Examiner: A. Caputa
For: PAPILLOMAVIRUS VACCINE	<b>;</b>

## RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Enclosed is a response for the above-identified patent application.

- [] A Petition for Extension of Time is also enclosed.
- [] Also enclosed is \_\_.
- [X] A verified statement(s) claiming small entity status

  [] are also enclosed [X] were submitted previously.
- [] A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).
- [] The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).
- [] No additional claim fee is required.
- [X] An additional claim fee is required, and is calculated as shown below:

Response Transmittal Letter Application Serial No. 08/216.506
Attorney's Docket No. 010091-001
Page 2

	A l	MENDED CL	AIMS		
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	35	MINUS 34 =	1	x \$22 -	\$22.00
Independent Claims	5	MINUS 4 =	1	x \$78 =	78.00
If Amendment adds mu	tiple dependent o	laims, add \$250.00			
Total Amendment Pee					100.00
If small entity status is claimed, subtract 50% of Total Amendment Fee				50.00	
TOTAL ADDITIONAL					\$50.00

[]	A claim	fee in	the	amount	of.	\$	is	enclosed.
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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, LLP

By:\_\_//\_

Teresa Stanek Kea

Registration No. 30,427

P.O. Box 1404 Alexandria, VA 22313-1404 (703) 836-6620

Date: January 19, 1996

<sup>[</sup>X] Charge \$ 50.00 to Deposit Account No. 02-4800.